

Get Healthy Know Your Numbers Wellness Screenings Begin September 1



Brochure will be Mailed in Mid-July

The fifth annual **Know Your Numbers** wellness screening period will be held September 1 through December 31, 2017. Here is what you need to know about this year's wellness screenings:

- Only employees, not spouses/domestic partners, have to participate to earn the savings.
- Wellness screening includes blood draw that tests for cholesterol and blood glucose (sugar) levels, blood pressure and height and weight to calculate Body Mass Index (BMI).
- A wellness screening is an easy way to save money.
- There are three ways to obtain a wellness screening:
 1. **Onsite Event** (fingerstick) – offered at many worksites; most convenient method for employees who work at or near these locations.
 2. **Patient Service Center (PSC)** (venipuncture) – Quest Diagnostics® has PSCs throughout the state.
 3. **Physician Results Form** (venipuncture) – most convenient option if you already have testing done at your doctor's office (testing must be done between January 1 and December 31, 2017; form must be completed in its entirety and **faxed to Quest Diagnostics by December 31, 2017.**

- Online registration is easy! **Beginning August 1**, you may register online by visiting www.pebtf.org and clicking on the Get Healthy logo. Follow the directions to register for an onsite event or PSC or to print a Physician Results Form.
- No online access? Don't worry, you may call Quest Diagnostics to make an appointment at an onsite event or at a PSC or to request a Physician Results Form.
- If you provide your email address, you will receive an email when your "results are ready," which lets you know your wellness screening was received and recorded. You may compare results from all years by visiting www.pebtf.org and clicking on the Get Healthy logo to link to the Quest Diagnostics site.

What does it mean to be a part of the Aetna PEBTF Custom HMO network?

The Custom HMO plan is a limited network of providers and facilities, usually with low network copayments.

The PEBTF Custom HMO network lets you have access to a special network of primary care physicians (PCPs), specialists and hospitals focused on you.

Important reminders when using the Custom HMO plan:

- Always select and use a PEBTF Custom HMO network PCP.
- The PEBTF Custom HMO requires referrals from your PCP to specialists that participate in the PEBTF Custom HMO network.
- Make sure you ask your PCP to refer to other PEBTF Custom HMO network doctors for care.

What's Inside

Understanding the PPO Deductible	2
Preventive Health Benefits Update	3
Choosing the Right Care Center.	4
Most Appropriate Care Location Quiz	5
Prescription Drug Costs and Specialty Medications	5
PEBTF Supplemental Benefits	6
5 Certif-EYEd Facts About Eyes	7
HIPAA Notice of Privacy Practices	7
Verification Procedures at the PEBTF	7

(continued on page 2)

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(continued from page 1)

- This plan does not offer coverage and benefits if you see a doctor who is not part of the PEBTF Custom HMO network. Emergencies are always covered.
- If you seek services without a referral or outside of the network, you are responsible for the full cost.
- Your ID card will have the PEBTF logo on it, so you can tell your doctor you need to be referred in the PEBTF Custom HMO network.

How to find a provider in the PEBTF Custom HMO network

If you need to find a provider in the PEBTF Custom HMO network, it's easy — just visit aetna.com/dse/custom/pebtf. Under Common Searches click on provider type and type in the zip code or the city, state. Then pick a doctor from your search results.

Source: Aetna

Understanding the PPO Deductible

The Spring 2017 newsletter included an article to help you better understand what medical services are subject to the deductible. Deductibles are a common feature in most health plans, as well as other types of insurance like auto coverage.

For in-network services in both PPO plans, you pay copayments for office visits – these are not subject to the deductible. The annual in-network deductible must be paid first for the following services: Diagnostics tests (labs) if not done at a Quest Diagnostics or LabCorp, imaging, hospital expenses (inpatient and outpatient) and medical/surgical expenses including physician services (except office visits), skilled nursing facility care and home health care.

As a reminder, once you fulfill the annual in-network deductible, your PPO will pay 100% for any in-network covered medically-necessary services for the remainder of the year. Of course, you are still responsible for any copayments.

Let's take a look at an example of how you could meet the deductible.

(continued on page 3)

(continued from page 2)

Service	Provider Charge	Member Discounted Rate	Amount Owed Toward Deductible
X-ray for knee pain	\$175	\$100	\$100
Cortisone injection in knee	\$150	\$100	\$100
MRI on your knee at a cost of \$2,200	\$2,200	\$1,500	\$100 <i>(Aetna Choice PPO)</i>
			\$800 <i>(Highmark Basic PPO)</i> <i>Plan pays the remainder</i>
Knee surgery (arthroscopic)	\$5,000	\$3,000	\$0 <i>(you already fulfilled your deductible with the 3 services listed above)</i>
Annual in-network deductible for the Aetna Choice PPO = \$300 per person/\$600 family			
Annual in-network deductible for the Highmark Basic PPO = \$1,000 per person/\$2,000 family			

Preventive Health Benefits Update

The following are changes to the preventive health benefits offered by the PEBTF.

Medical Plan – Adults

Added: Latent tuberculosis infection (LTBI) screening in adults at increased risk (age 18 and older)
One screening per calendar year (effective 7/1/17)

Prescription Drug Plan

Change: Aspirin for the prevention of cardiovascular disease
Age range changed to age 50 to 59

For more information on your preventive benefits which are offered at no cost to you, visit www.pebtf.org to view the Summary Plan Description (SPD).



Choosing the Right Care Center

Americans seek a large amount of non-emergency care in emergency rooms (ER), where there are typically long wait times. The Centers for Disease Control (CDC) reports that there are 130.4 million visits to the ER annually, with only 29 percent requiring actual emergency care. In other words, the ER is not always the best choice. Here is a quick guide to help you determine where to go when you need medical care.

Care Center – In Network	Type of Care	Your Cost and Wait Times
<p>Doctor’s Office (primary care)</p> <p><i>Your doctor knows your health history, which is an advantage</i></p>	<ul style="list-style-type: none"> • Treatment for non-life threatening conditions, including treatment for items listed below under Convenience Care Clinics and Urgent Care Centers • Preventive services • PCPs manage your general health – chronic and acute conditions 	<ul style="list-style-type: none"> • Saves money – lowest copay • \$20 copay – PPO option • \$5 copay – HMO option • Normally requires an appointment • Little wait time with scheduled appointment
<p>Convenience Care Clinic</p> <p><i>Located in retail stores, supermarkets or pharmacies</i></p> <p>(HMO members may need a referral to a network clinic – check with your plan)</p>	<ul style="list-style-type: none"> • Common infections (e.g., strep throat, sinus infection) • Minor skin conditions (e.g.: poison ivy) • Flu shots • Minor cuts • Earaches 	<ul style="list-style-type: none"> • \$50 copay – PPO and HMO options (may be less under some plans) • Walk-in patients welcome but wait times can vary
<p>Urgent Care Center</p> <p>(HMO members may need a referral to a network urgent care center – check with your plan)</p>	<ul style="list-style-type: none"> • Respiratory disorders • Strains, sprains • Minor broken bones (e.g.: finger) • Minor infections • Minor burns • X-rays 	<ul style="list-style-type: none"> • \$50 copay – PPO and HMO options • Walk-in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first
<p>Emergency Room</p> <p><i>Use for more serious medical conditions</i></p>	<ul style="list-style-type: none"> • Heavy bleeding • Large open wounds • Sudden change in vision • Chest pain • Sudden weakness or trouble talking • Major burns • Spinal injuries • Severe head injury • Difficulty breathing • Major broken bones • Poisoning • Drug or alcohol overdose 	<ul style="list-style-type: none"> • \$150 copayment (waived if admitted as an inpatient) – HMO and PPO options • If admitted, the inpatient stay is subject to the PPO deductible • Open 24/7, but waiting times may be longer because patients with life-threatening emergencies will be treated first

Source: Spring 2012 newsletter, www.cdc.gov; www.beckerhospitalreview.com

Most Appropriate Care Location Quiz

Test yourself on where your family should go for care.

1. You wake up in the middle of the night with chest pains, shortness of breath and nausea or vomiting.
2. You have a cough that hasn't gone away for 5 days.
3. You twisted your ankle while jogging.
4. Your child woke up this morning with an earache and fever.
5. You fell, hit your head and lost consciousness for a few minutes.
6. Your child's eye is red and you suspect pink eye.
7. Your husband was out pulling weeds and developed a bad case of poison ivy.
8. Your mother suddenly is having trouble talking and has arm weakness, which could be a stroke.
9. Your wife broke her finger.
10. Your dad is having trouble breathing.

Answers: 1, 5, 8, 10 – go to the ER; 2, 4, 6, 7 – try your PCP first but can also go to urgent care or convenience care center; 3, 9 – urgent care center

Even though you can go to an urgent care center for many non-life threatening situations, it's always best to try to see your primary care doctor. Urgent care centers are a good choice on evenings and weekends when your doctor does not have office hours.

Time is Running Out for Spouse/Domestic Partner Attestation

For Employees Hired on or After 8/1/2003

If you have a spouse/domestic partner enrolled in PEBTF benefits, you must complete the annual attestation by July 31, 2017. Please refer to the letter that was mailed to you in late May. It includes instructions on how to complete spouse/domestic partner attestation online or by fax.

New this year! You will receive a confirmation when you have completed the attestation process. If you complete the online attestation, you will receive a confirmation email with a confirmation number. If you mail or fax your documentation, you will receive a confirmation letter in the mail.

Prescription Drug Costs Continue to Rise *Specialty Drugs Helping to Fuel the Increase*

Your prescription drug plan is an important part of your PEBTF benefits. According to a July 14, 2016 article in Money magazine, drug prices increased an average of nearly 10 percent over the 12-month period ending May 2016, at a time when the overall inflation rate was just 1 percent in the U.S.

One of the areas where we are seeing increasing costs is with specialty medications. Specialty medications are high-cost drugs used to treat complex, chronic conditions such as cancer, rheumatoid arthritis and multiple sclerosis. Specialty drugs often require special handling (refrigeration during shipping) and administration (such as injection or infusion). Specialty drug pricing alone is far outpacing the Consumer Price Index and specialty drugs are expected to increase to 44 percent of overall drug spend in 2017.¹

Your prescription drug plan includes a benefit for specialty medications and the PEBTF pays the majority of the cost of the drug. You only pay a copayment under the prescription drug plan. Specialty medications that are administered via IV infusion and covered under your medical plan

(continued on page 6)

(continued from page 5)

would be subject to the annual PPO deductible (or Bronze Plan deductible; the HMO plan does not have a deductible).

New specialty drugs can cost as much as \$1,000 per day with annual costs ranging from \$14,000 to \$750,000. As more and more specialty medications hit the market, we will continue to see increasing costs in the PEBTF prescription drug plan while continuing to keep member copayments low.

For a list of covered specialty medications, visit www.pebtf.org. The list appears under the prescription drug section under the Publications & Forms tab.

¹ The Facts About Rising Prescription Drug Costs, the Campaign for Sustainable RX Pricing



PEBTF Supplemental Benefits

In addition to your medical benefits, you may have the prescription drug benefit and/or supplemental benefits, which include dental, vision and hearing aid.

As a reminder to what these plans offer:

Prescription Drug – CVS Caremark: You may obtain prescriptions up to a 30-day supply at a network pharmacy. Obtain 90-day supplies at a CVS Pharmacy, Rite Aid Pharmacy or through mail order. You have a three-tier copayment plan. You may obtain a brand-name drug, but if an FDA-approved generic is available, you will pay a higher copayment and the cost difference between the brand and the generic drug.

Dental – United Concordia: Visit a network dentist for routine examinations and cleanings at no cost every six months. Other network services are covered at a percentage after the annual \$50 deductible.

Vision – National Vision Administrators (NVA): You may get an annual exam (365 days from the last covered exam) at a network provider at no cost. You receive a percentage of the cost of lenses and frames every two years (730 days from the date eyeglasses were last ordered).

Hearing Aid – PEBTF: The benefit is limited to one hearing aid per ear every three years (1,095 days).

Helpful Tip: To save money – use generic medications. If you take a medication on a long-term basis, have your doctor write for a 90-day supply.

Helpful Tip: Use network providers. Your maximum annual dental benefit is \$1,000.

Helpful Tip: Use network providers and check to see when you are eligible for services online at www.e-nva.com or call 1-800-672-7723.

Helpful Tip: Visit www.pebtf.org for the reimbursement amounts of types of hearing aids. The order date is used to determine the date of service.

5 Certif-EYEd Facts About Eyes

Eye Fact #1: Our eyes see things upside down - it is our brains that turn the image the right way.

Eye Fact #2: Our nose and ears keep growing throughout our lives, but our eyes remain the same size from birth.

Eye Fact #3: It is possible to blink up to five times in one single second.

Eye Fact #4: Contrary to urban myth, a contact lens cannot become 'lost' behind your eye.

Eye Fact #5: Our nose gets runny when we cry because the tears are draining into our nasal passages.

Source: NVA

References & Resources

<http://www.scienceiq.com/Facts/BrainFlips.cfm> <http://chicago.medicine.uic.edu/cms/One.aspx?pageId=15354833>

<http://www.liveinthenow.com/article/your-eyes-contain-7-million-cones-7-amazing-facts-about-your-eyes>

<http://www.allaboutvision.com/contacts/faq/cls-lost-in-eye.htm>

<http://discoveryeye.org/20-facts-eye-color-and-blinking/>

HIPAA Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices was mailed to all members who were enrolled in PEBTF benefits in 2003 and continues to be mailed to members newly enrolled for PEBTF benefits. The Notice of Privacy Practices lists your rights under HIPAA and it applies to records maintained by the PEBTF regardless of the source of the information. The notice tells you about the ways in which the PEBTF may use and disclose your Protected Health Information (PHI). It also describes your rights and certain obligations the PEBTF has regarding the use and disclosure of PHI.

To download a copy of the HIPAA Notice of Privacy Practices, go to www.pebtf.org. You will find it under Publications & Forms, then HIPAA.

Verification Procedures at the PEBTF

Most of you have heard about HIPAA – you have received information from the PEBTF in the past and may have been presented with information at your doctor's office.

The PEBTF takes the privacy of our members very seriously and works hard to protect that privacy. When you call the PEBTF, a representative will ask you for your social security number, date of birth and possibly, your address. This ensures that we are giving your protected information to only you. Please be ready with this information when you call.

Local: 717-561-4750
Toll Free: 800-522-7279

PEBTF telephone hours:
8 a.m. – 5 p.m. Tuesday - Friday
8 a.m. – 6 p.m. Monday (or 1st day
following a holiday weekend)

PEBTF Benefit News is available in
an alternative form at. Please contact
the PEBTF to discuss your needs.



Your Important Health Benefits

August is Immunization Awareness Month

The PEBTF provides coverage for preventive immunizations. Visit www.pebtf.org to see what immunizations are covered for children and adults.

PEBTF May Cancel Your Coverage for Fraud or Intentional Misrepresentation

IMPORTANT: If you intentionally provide false or misleading information about eligibility for coverage under the PEBTF Plan (or about a claim) or you fail to make a required contribution on time, your coverage may be terminated retroactively. This may occur, for example, if you file a false claim, fail to notify us promptly of a divorce or fail to submit timely proof of birth or adoption that verifies your relationship with a new child whom you have added as a dependent.

This newsletter may contain a general description of the Plan of Benefits (Plan). It is provided for informational purposes only and should not be viewed as a contract, offer of coverage, confirmation of eligibility or investment, tax, medical or other advice. In the event of a conflict between this newsletter and the official plan document, the official plan document will control however, to the extent expressly stated, an article may modify the provisions of the Summary Plan Description. The PEBTF reserves the right to amend, modify or terminate the terms of the Plan, including any options available under the Plan, at any time and for any reason, with or without prior notice.